

New Jersey Public Employment Relations Commission
NON-POLICE AND FIRE
COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #

SECTION I: Parties and Term of Contracts

1 Public Employer: Township of Hamilton County: Mercer

2 Employee Organization: Upper Level Supervisors Local 1032 Number of Employees in Unit: 5

3 Base Year Contract Term: 7/1/2013 - 12/31/2016 New Contract Term: 1/1/2017 - 12/31/2020

SECTION II: Type of Contract Settlement (please check only one)

- 4 ☒ Contract settled without neutral assistance
- 5 ☐ Contract settled with assistance of mediator
- 6 ☐ Contract settled with assistance of fact-finder
- 7 ☐ Contract settled with assistance of super-conciliator
- 8 If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?
 Yes ☐ No ☐

SECTION III: Salary Base

The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.

9 Salary Costs in Base Year \$ 585,261

10 Longevity Costs in Base Year \$ 7,400

11 Total Salary Base \$ 592,661

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<u>1/1/2017</u>	<u>1/1/2018</u>	<u>7/1/2018</u>	<u>1/1/2019</u>	<u>7/1/2019</u>
13 Cost of Salary Increments (\$)	<u>193</u>	<u>123</u>	<u>123</u>	<u>126</u>	<u>0</u>
14 Salary Increase Above Increments (\$)	<u>11,513</u>	<u>7,339</u>	<u>7,431</u>	<u>7,524</u>	<u>7,618</u>
15 Longevity Increase (\$)	<u>0</u>	<u>225</u>	<u>0</u>	<u>75</u>	<u>0</u>
16 Total \$ Increase (sum of lines 13-15)	<u>11,706</u>	<u>7,462</u>	<u>7,554</u>	<u>7,650</u>	<u>-2,564</u>
17 New Salary Base (\$)	<u>596,967</u>	<u>604,429</u>	<u>611,984</u>	<u>619,634</u>	<u>617,070</u>
18 Percentage increase over prior year	<u>1.96</u> %	<u>1.23</u> %	<u>1.23</u> %	<u>1.23</u> %	<u>-.42</u> %

*If contract duration is longer than five years, please add an additional page.

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 11 Total Salary Base \$ 592,661

SECTION IV: Salary Increases for Each Year of New Agreement*

	Year 1	Year 2	Year 3	Year 4	Year 5
12 Effective Date (month/day/year)	<u>1/1/2020</u>	<u>7/1/2020</u>			
13 Cost of Salary Increments (\$)	<u>0</u>	<u>0</u>			
14 Salary Increase Above Increments (\$)	<u>7,713</u>	<u>7,810</u>			
15 Longevity Increase (\$)	<u>313</u>	<u>0</u>			
16 Total \$ Increase (sum of lines 13-15)	<u>7,713</u>	<u>7,810</u>			
17 New Salary Base (\$)	<u>624,783</u>	<u>632,593</u>			
18 Percentage increase over prior year	<u>1.23</u> %	<u>1.23</u> %			

*If contract duration is longer than five years, please add an additional page.

Employer: Township of HamiltonEmployee Organization: Upper Level Supervisors - Local 1032

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SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Sick Time Buyback	80,730	1614.6	1,029	1,042	1,055	1,069
20	Totals(\$):	665,991	679,311	687,803	696,400	705,105	703,609

*If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs

		Base Year	Year 1
21	Health Plan Cost	\$ 69,684	\$ 69,684
22	Prescription Plan Cost	\$ 26,160	\$ 26,160
23	Dental Plan Cost	\$ 5,772	\$ 5,772
24	Vision Plan Cost	\$ 540	\$ 540
25	Total Cost of Insurance	\$ 102,156	\$ 102,156
26	Employee Insurance Contributions	\$ 29,819	\$ 32,378
27	Employee Contributions as % of Total Insurance Cost	29.20 %	31.69 %

Employer: Township of HamiltonEmployee Organization: Upper Level Supervisors - Local 1032

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SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items*

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
	Sick Time Buyback	80,730	1,081	1,096			
20	Totals(\$):	665,991	712,405	721,310			

*If contract duration is longer than five years, please add an additional page.

SECTION VI: Medical Costs

		Base Year	Year 1
21	Health Plan Cost	\$ 69,684	\$ 69,684
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27	Employee Contributions as % of Total Insurance Cost	29.20 %	31.69 %

Employer: Township of Hamilton

Employee Organization: Upper Level Supervisors - Local 1032

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Section VI: Medical Costs (continued)

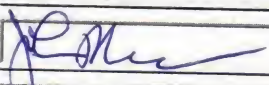
28 Identify any insurance changes that were included in this CNA.

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name: John F. Ricci

Position/Title: Business Administrator

Signature: 

Date: 9/20/2017

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission
Conciliation and Arbitration
PO Box 429
Trenton, NJ 08625
Phone: 609-292-9898

Revised 8/2016